

*epi*TRENDS

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Public Health Practice in Washington State

Communicable Disease — Reporting and Guidelines

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Every year, case definitions for many notifiable conditions change. A previous *EpiTRENDS* issue outlined the state-based revision process related to these conditions that was undertaken in 2010 (<http://www.doh.wa.gov/EHSPHL/epitrends/10-epitrends/10-10-epitrends.htm>). This current issue will review the national and state-specific changes that go into effect February 2011.

Public Health Discussion Points

Here are three discussion points related to notifiable conditions surveillance in Washington. The answers are contained in the text, or you may refer to answers at the end of this article.

1. How are case definitions established for nationally notifiable conditions?
2. Where can I find out what conditions or diseases are notifiable in Washington?
3. Who decides which notifiable conditions are added or removed in Washington?

National Changes

Case definitions: National case definitions are established at the annual meeting of the Council for State and Territorial Epidemiologists (CSTE).

Position statements that add a notifiable condition or update an existing case definition are circulated prior to this meeting. Each state can send a representative to vote on the adoption or rejection of these positions. Following the vote, the Centers for Disease Control and Prevention (CDC) post the new case definitions at the beginning of the subsequent year:

<http://www.cdc.gov/ncphi/disss/nndss/phs/infdiss.htm>.



CSTE Logo
Courtesy of Patrick J. McConnon, Exec. Dir.



*epi*Trends
P.O. Box 47812
Olympia, WA 98504-7812

Mary C. Selecky
Secretary
Maxine Hayes, MD, MPH
State Health Officer
Anthony Marfin, MD, MPH, MA
State Epidemiologist
Communicable Disease
Marcia J. Goldoft, MD, MPH
Scientific Editor
Deborah Todd, RN, MPH
Managing Editor

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For 2011, the following conditions have updated national case definitions:

- Arboviral (lab criteria)
- Botulism, wound (new probable case based on exposure)
- Cryptosporidiosis (lab criteria)
- Giardiasis (lab criteria)
- Lyme disease (lab criteria)
- Rabies, human (lab criteria)
- West Nile virus (lab criteria)

In addition, CSTE has recommended adding a lower-level cut-off for hepatocellular enzymes (i.e., ALT) to the case definition for acute hepatitis A and B and several new types of exposure. DOH's Communicable Disease Epidemiology Section (CDES) is currently working with local health jurisdictions (LHJs) to include these new exposures while removing some long-standing exposures that are no longer considered necessary or helpful.

State-specific Changes

In addition to these national changes, several other changes were made at the state level. DOH led the revision of Chapter 246-101 of the Washington Administrative Code (WAC) (see *EpiTRENDS* October 2010). Proposed changes were discussed with key stakeholders including representatives of healthcare providers, health-care facilities, clinical laboratories, and local health jurisdictions. The Board adopted changes to the notifiable conditions regulation at a public hearing on November 10, 2010.

These new reporting requirements will go into effect on February 5, 2011.



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Healthcare Providers and Facilities

The following changes affect the way that healthcare providers and facilities report to LHJs.

Animal bites: A major change is the modification of “animal bites” as a notifiable condition. The language will ask providers and facilities to report bites where there is a suspected human exposure to rabies. The intent was to minimize calls about situations without a risk of rabies, including bites from caged pet rodents or from non-mammals.

Influenza-associated deaths: A new requirement is the reporting of laboratory-confirmed influenza-associated deaths. This requirement will help us better understand influenza mortality risk factors for severe influenza in Washington as well as estimate the total number of influenza cases that occur each year.

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New conditions: Several new conditions were added. Most occur infrequently but are important to track when they do. These include illnesses due to specific arboviral infections, *Burkholderia*, domoic acid, novel influenza, SARS, smallpox, vaccinia transmission, vancomycin-resistant *S. aureus* (VRSA), varicella-associated death, and viral hemorrhagic fever. There will still be a general category of an emerging condition with outbreak potential that covers newly identified conditions not otherwise specified in the WAC.

STEC: The current condition Enterohemorrhagic *E. coli* will be renamed Shiga toxin-producing *E. coli* (STEC). In addition, hemolytic uremic syndrome (HUS) will be deleted as a separate condition; cases are now included as STEC.

Hepatitides: Along with chronic hepatitis B and chronic hepatitis C, acute and chronic hepatitis D and acute hepatitis E infections are now specified as notifiable.

Reporting timelines: The timelines for reporting these conditions to LHJs have changed. The categories are: immediate, 24 hours, 3 business days, and monthly. “Immediate” reporting means telephoning the LHJ as soon as the condition is suspected. Immediately Notifiable conditions are: anthrax, botulism, *Burkholderia*, diphtheria, STEC, invasive *H. influenzae* in a person < 5-years-old, novel influenza, measles, invasive meningococcal disease, plague, polio, human or animal rabies, suspected human exposure to rabies, rubella, SARS, domoic or paralytic shellfish poisoning, smallpox, tularemia, viral hemorrhagic fever, yellow fever, and outbreaks of foodborne or waterborne illness. “Within 24 hours” is a new category and allows the reporter to wait until daylight to telephone the LHJ.

Clinical Laboratories

The following changes affect the way that laboratories report to LHJs.

Organisms: The major change is listing the laboratory-reportable conditions by organism (e.g., *Francisella tularensis*) as opposed to the disease (e.g., tularemia) or syndrome which would require a diagnosis by a healthcare provider. Almost all notifiable conditions have a corresponding laboratory result that should be reported to the LHJ. It is anticipated that electronic reporting will greatly improve reporting by laboratories to LHJs.

Isolates: In addition to previous requirements, clinical laboratories are also required to submit these isolates to the Washington State Public Health Laboratories (PHL): *Brucella*, measles, *Cryptococcus* (other than known *v. neoformans*), novel influenza, *Listeria*, mumps, *Neisseria meningitidis* (from normally sterile samples), pertussis, STEC, tularemia, VRSA, and *Vibrio*.

Information for sample submission: By 2013, reports to LHJs should include patient gender and date of birth, patient address or zipcode, and healthcare provider name and telephone. By July 2011, healthcare facilities should provide this information to laboratories when samples are submitted for testing.

Two identifiers: PHL require that all clinical specimens have two patient identifiers, a name and a second identifier (e.g., date of birth) both on the specimen label and on the submission form. Due to laboratory accreditation standards, specimens will be rejected for testing if not properly identified. Specimen source and collection date should also be included.

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Veterinarians

Human exposures: Animal illnesses are to be reported to the Washington State Department of Agriculture. Veterinarians should only report to LHJs suspected human cases of certain zoonotic conditions based on likely human exposure to a confirmed animal case. For example, a veterinarian diagnosing brucellosis, influenza, or plague in animals may realize the owner has consistent symptoms and should report that suspected human case to the LHJ.

Local Health Jurisdictions

New timelines: LHJs also have new timelines for reporting to DOH. The list of conditions immediately notifiable conditions has expanded to include: diphtheria, novel influenza, plague, human rabies, SARS, smallpox, tularemia, viral hemorrhagic fever, and yellow fever.

Forms, PHIMS, and Guidelines

New forms: This month, new forms for the seven conditions that have been modified for consistency with new 2011 national recommendations will be posted. It is important that LHJs use the appropriate year's form for reporting cases from 2010 vs. 2011. If the appropriate form is not posted (e.g., needing 2010 forms later in 2011), contact CDES (206 418-5500 or 877-539-4344). PHIMS screens will become available for the new 2011 case definitions in February.

Updated guidelines: By February 5, 2011, CDES will post updated guidelines including new reporting timelines as well as laboratory and veterinary reporting requirements. There will also be new forms for reporting potential human exposure to rabies and for acute hepatitis. The CDES website has updated, downloadable posters indicating the new timelines. LHJs can use the posters and website to educate healthcare providers and facilities about changes in notifiable conditions reporting. See: <http://www.doh.wa.gov/notify/forms/>

Answer to Public Health Discussion Points

1. Each year, at a national meeting, epidemiologists from state and territorial health departments collectively define new case definitions for nationally notifiable conditions or modify older ones. If a state makes a condition notifiable, they generally use these nationally agreed-upon case definitions.
2. Washington's Notifiable conditions are specified in Chapter 246-101 of the Washington Administrative Code (WAC) (<http://apps.leg.wa.gov/wac/default.aspx?cite=246-101>) and are available at the DOH website (<http://www.doh.wa.gov/notify/forms/>) which also includes reporting requirements for each condition, condition-specific guidelines, and posters giving reporting requirements that can be downloaded.
3. A DOH office involved with the condition for which a change is proposed works with the Board of Health and stakeholders to develop of new reporting requirements. Appropriate staff at local health jurisdictions are then informed of the changes. Many recent changes are included in this newsletter. Local health jurisdictions are expected to notify healthcare providers, laboratories, and healthcare facilities in their jurisdiction of these changes.